



Department of
the Secretary of State
Bureau of Motor Vehicles

Matthew Dunlap
Secretary of State

Patty A. Morneault
Deputy Secretary of State

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Director of Vehicle Services

STATE OF MAINE
2014
RENEWAL APPLICATION FOR TRAILER TRANSIT LICENSE
Reference Title 29-A Section 462-8

Please submit a copy of your insurance card.

Federal ID Number: _____
DOT Number _____

I (we) **(Please Print)** _____ **(DOB)** _____ with a place of business
at _____,
(Give trade name if one is used) (Street Address)
_____, _____,
(City) (State) (Zip)

List any other locations where business will be conducted under the same license:

Check if: ____ Individual ____ Partnership ____ Corporation
If Corporation, give State of incorporation: _____

List names **(Please Print)** and address (PO Box not acceptable) of each partner or officer of the corporation:

_____ **(DOB)**
_____ **(DOB)**
_____ **(DOB)**

I (we) hereby make application for a Trailer Transit License and affirm that I (we) have received a copy of the Rules issued by the Secretary of State, Bureau of Motor Vehicles. I (we) understand the Rules provided, and I (we) are able to comply with all applicable laws and rules.

(Authorized Signature)

(Date)

(Title)

(Telephone Number)

Please attach verification of insurance (insurance card, application or binder) to this application.

Number of Plates	x \$20.00	=	\$
Licensing Fee			\$ 150.00
Total Fees			\$